



KING COUNTY ALCOHOLISM AND SUBSTANCE ABUSE
ADMINISTRATIVE BOARD
MEETING MINUTES
MARCH 18, 2004

Members Present: Linda Brown, Joan Clement, Nancy Code, Jim Harbaugh, Larry Hill, Kim Murillo, Bob Seidensticker, Yasmin Smith, Mary Alice Knotts, Board Nominee

Members Absent: Roger Goodman (excused), Pam Detrick (excused)

Staff Present: Rhoda Naguit, Jim Vollendroff

Guests Present: Graydon Andrus, Downtown Emergency Service Center; Frank Irigon, WAPIFASA

Board Chair Linda Brown convened the King County Alcoholism and Substance Abuse Administrative Board at 12:00 p.m. The meeting was held at the conference room of the Dutch Shisler Sobering Service Center.

I. WELCOME AND INTRODUCTIONS

Board Chair Brown welcomed everyone present and noted the lack of representation from provider agencies. She also welcomed Rhoda Naguit, who just returned from her three-week vacation in the Philippines, and thanked Geoff Miller for staffing the February meeting while Rhoda was away. She then asked everyone to introduce him/herself.

II. REVIEW AND APPROVAL OF MINUTES

Jim Harbaugh made a motion to approve the January 15, 2004 meeting minutes that had not been approved in February due to lack of a quorum. The motion was unanimously approved.

Bob Seidensticker made a motion to approve the February 19, 2004 meeting minutes as submitted. The motion was unanimously approved.

III. AGENCY PRESENTATION – DOWNTOWN EMERGENCY SERVICE CENTER

Graydon Andrus of Downtown Emergency Service Center (DESC) reported the following:

Successes

- CD and mental health service Integration at DESC is working well (i.e. HOST, SAGE & CRP programs) levels of engagement and service intensity vary by program and person.

- The emphasis on engagement and re-engagement strategies allow people with histories of chronic homelessness, extreme poverty, and chronic substance abuse to experience success and contributes to participation in other concurrent treatment and/or services.
- DESC works well with people previously determined to be “not amenable to treatment” due to their inability to perform or “comply” with traditional outpatient treatment expectations.
- DESC has been able to secure housing for people who have been on the streets and in shelters continuously or repeatedly for years.

Challenges

The major challenges that DESC faces include:

- Complexity of client issues and history of relapse that make long term engagement and treatment success difficult.
- Inadequate supply of inpatient treatment.
- Inadequate supply of housing.
- Chemical Dependency (CD) system is not designed to provide long-term or life-long services with a significant case management component that is needed for many of the people the agency serves.
- High rate of unpredictable behavior, especially irritability, anger, and hostility.
- Need for CD treatment among the homeless, recently homeless and co-occurring disordered populations far exceeds the available funding to pay for treatment. As a result, hiring CDPs and other staff to work with this population is difficult.

How the Agency Addresses the Challenges

- Integrated service model is essential to address the complexity of client issues. Chemical Dependency Professionals (CDP) team with Mental Health (MH), Housing, Health Clinics, and Criminal Justice (Drug Court) to increase coordination of effort and message.
- The agency continues to look for individuals who have dropped out of treatment for 60 days before considering them lost to follow up and closing the chart.
- CD Treatment Program Supervisor stays involved in details of treatment approach, data gathering and submission, and general documentation to assure adherence to agency’s philosophy and contracting requirements.
- Attempt to adapt outpatient treatment in ways that fully incorporate the day-to-day challenges of being in the community while attempting to stabilize, reduce use, and encourage sobriety.
- Stay fully aware of the inpatient resources, maintain good communication and understand the referral process.
- Actively develops housing, including a future pre-recovery housing project.
- Requires a flexible, client-centered approach to make sure the client sees the plan as fitting their reality and their belief the plan is achievable.
- Provides some agency sponsored treatment, especially in the engagement arena.

Completion Rates:

TARGET documentation was provided.

For 2003, the treatment completion rate was 55%. Eight of the 14 individuals in the category "no contact/aborted treatment" have re-entered treatment

To date the treatment completion rate for 2004 is 100%.

Outcome Evaluation Process

- Clinical Supervisor examines patient discharges to determine patterns of patient discharge that reflects poor engagement, strategies for CDPs to improve communication with patients and other staff to increase retention, and definition of system barriers to patient retention.
- The Agency's CD treatment program will participate in DASA's annual client satisfaction survey.
- The Clinical Supervisor will examine ways to extend the period before files are closed for no contract through assertive case management.
- The Clinical Supervisor will adjust the discharge summary to include a CDP summary of barriers to retention.

Board Questions/Comments

Q: Do you accept volunteers?

A: Yes. These volunteers work mostly in the drop in center to interact with clients.

Q: How many housing units does the agency have?

A. The agency owns and operates 400 plus units.

IV. AGENCY CONCERNS

Frank Irigon, WAPIFASA Director, expressed concern about the emphasis on Title XIX Medicaid funding for youth services, particularly services for those who do not meet the requirements for Title XIX. He supports fee for service as a source of revenue.

Jim stated that agencies have been asked to submit a plan for Title XIX utilization. The recent legislative requirement for Title XIX co-payment is burdensome for many families. Co-payment is based on income bracket with a minimum payment of being \$5.00 per visit. In recognition of this problem, Jim said that the Division is considering some redistribution of service funding to provide more low-income services.

V. CHAIR'S REPORT

A. Board Liaison Reports

Nancy Code: Children and Family Commission/Adult Providers Meeting

No report at this time.

Joan Clement: Chronic Public Advisory Council

The meeting was focused on housing issues – homelessness and its priorities.

Bob Seidensticker: Youth Providers Meeting

Hiring CDP staff is an on-going challenge for most providers. A number of agencies are unable to meet contract requirements due to lack of staff. Some agencies provide tuition reimbursement for staff seeking certification to address the shortage. Other suggestions to address the issue included contacting schools and colleges to identify opportunities in the field and to encourage students to consider the field of chemical dependency.

The board decided to form a Task Force to address the issue of CDP shortages in King County and to develop an action plan to address the problems. Kim Murillo, Nancy Code and Yasmin Smith volunteered to serve as members of the Task Force. Linda Brown appointed Kim Murillo to chair the Task Force. Treatment providers will be invited to join the Task Force.

The Task Force will report back to the board via email before the regular board meeting in May.

Linda Brown: King County Mental Health Advisory Board

Capacity and funding issues continue to be a concern for mental health system. The Quality Council has been holding various public forums with NAMI entities. Linda Brown plans to attend the next public forum which will be held at Valley Cities Counseling and Consultation on April 7th at 7:00 p.m.

Roger Goodman: Legislative Advocacy and Public Affairs Committee

Linda Brown reported on behalf of Roger Goodman who could not be at the last meeting

- **HB 2014** passed and should be signed by the governor. HB 2014 prevents insurers from denying coverage when injuries are related to drug/alcohol, so the chilling effect on trauma center drug/alcohol screening should now go away.
- **SB 6011**, a comprehensive anti-hunger measure, that completely opts Washington out of the federal ban on food stamp eligibility for prior drug

offenders passed. Washington is now one of only 12 states to have completely opted out of the food stamp ban (provided under the 1996 federal welfare "reform" legislation).

- **SB 6411** comprehensive anti-hunger bill – prior drug felon are now entitled for food stamps. Feds gave state to opt for food stamp.

The next Committee meeting is on Wednesday, March 24th at 4:00 p.m, at the Exchange Building, Conference Room 6A.

B. Board Membership Update

The board is losing a valuable member, Bob Seidensticker, who after six years of service is leaving the Board to devote more time to other projects. Board members expressed regret and thanked Bob for his many contributions to the Board during his service. Bob's expertise and commitment will be missed.

Gwen Greiner, a board nominee, withdrew her application for board membership due to a change in her employment that limits her outside commitment during the day.

Pam Detrick is resigning from the board effective in June. She will be moving back to Florida.

In a positive note, Nancy Code and Yasmin Smith have agreed to serve another three-year term as board members.

Mary Alice Knotts' application for board membership was acted upon. Bob Seidensticker made a motion that was seconded by Jim Harbaugh to approve the appointment of Mary Alice Knotts to the board. The motion was approved unanimously.

John Patz of Ballard Recovery Services is a new applicant for board membership. Board members have been provided a copy of his resume and application form for review and comments.

C. Joint Board Meeting

The joint meeting of the King County Alcoholism and Substance Administrative Board and the King County Mental Health Advisory Board will be held on Thursday, April 15th at 12 noon-1:30 p.m. at the Exchange Building Conference Room 6A. Nancy Whitney or another member of the Fetal Alcohol Program at the University of Washington has been invited to do a presentation on fetal alcohol syndrome at the joint board meeting.

D. Board Meeting Date

The regular board meeting will continue to be held every third Thursday of the month at 12 noon-1:30 p.m. The meeting venue will be moved from Dutch Shisler Sobering Service Center to DASA Region IV office, 6th floor Conference Room, 400 Mercer Street, Seattle, effective June 17, 2004.

The regular board meeting on May 20, 2004 will be held at Consejo Counseling and Referral Services, 3808 South Angeline, Seattle at 12 noon-1:30 p.m.

E. Meeting with Kathy Lambert

Linda Brown and Jim Vollendroff are meeting with Councilmember Kathy Lambert at the end of this month. It will be an opportunity to let her know about the Board.

V. COUNTY COORDINATOR'S REPORT

A. Two RFPS

The Division recently released two Requests for Proposals (RFPs) for the following services:

- Sobering Services for Chronic Public Inebriates. The Recovery Centers of King County and the Downtown Emergency Service Center were the two applicants for this RFP.
- Family Dependency Court . This provides adult outpatient chemical dependency treatment services through the King County Family Drug Court. The Bidders Conference was attended by representatives from Valley Cities Counseling and Consultation, Community Psychiatric Center, Seattle Mental Health, Recovery Centers of King County, and United Indian of All Tribes Foundation. Funding is available for three to five years. One or two agencies will be chosen to provide the services.

B. Washington State Brief Intervention Referral to Treatment (WASBIRT) Update

The hiring of five CDPs at Harborview is on track. Training for the staff started this week in Lacey, Washington.

C. 25 Cities Initiative

The initial target of the initiative was White Center. The City of Seattle has asked for a similar program in Seattle targeting the Capitol Hill. Jim reported that he is talking to the City about efficient ways of directing funding for the treatment component of the program to the Division.

D. Adolescent Best Practices Training

Jim Vollendroff and Dean Braxton attended a Best Practices Training in Baltimore, Maryland last month. GAINS, a widely used assessment tool for youth, was introduced at the training. Jim briefly explained how the tool works.

Jim sought Board support for the use of GAINS as a uniform assessment tool for youth in King County programs. If implemented, the Division will negotiate to be the sole IS administrator of the electronic version of the tool in Washington.

After discussion by the Board Yasmin Smith made a motion, which was seconded by Nancy Code, to approve the use of GAINS as a uniform assessment toll for adolescence programs in King County..

E. Methadone Waiting List

Joan Clement asked for an update on methadone waiting list.

Jim Vollendroff responded that the funding meant for the methadone waiting list is currently being used for treatment. Jim and Michael Hanrahan of Seattle-King County Public Health have been working with agency providers to develop a centralized waiting list.

VI. OTHER CONCERNS

Larry Hill asked about the closure of Fircrest and the possible future use of the facility. Jim Vollendroff will gather more information about this question for discussion in the May 20th board meeting.

There being no further business, the meeting was adjourned at 1:40 p.m.

Prepared by:

Attested by:

Rhoda A. Naguit
Recording Secretary

Linda Brown
Board Chair